

# PROTECTIVE MASK/RESPIRATOR REQUEST FORM

## SECTION I – User Information *(Completed by supervisor or sponsor)*

|  |            |   |  |   |
|--|------------|---|--|---|
| 1. Name of User: <i>(Print or Type)</i>  |            |   | 2. Social Security Number  |   |
| Last Name  | First Name | MI  |  |   |
| 3. Job Title and Series/MOS:   |            |   | 4. Phone Number:   | 5. Bldg Number:                               |
| 6. Organization:   |            |   | 7. Office Symbol:  |   |
| 8. Description/Type of work being done:  |            |   |  |   |
| 9. List potential contaminants and their physical state:                                   |            |   |  |   |
| 10. Additional protective clothing/equipment to be worn:                                   |            |   |  |   |
| 11. Will mask/respirator be used for escape purposes only? <i>(Circle one)</i> Yes      No |            |   |  |   |
| 12. Temperature extremes:<br>High _____ °F    Low _____ °F                                 |            |   | 13. Humidity extremes:<br>Low (0-39%)    Medium (40-60%)    High (61-100%) |   |
| 14. Expected physical work effort:<br>Light              Moderate              Heavy       |            | 15. Hours per day expected to use respirator: |  | 16. Days per week expected to use respirator: |
| 17. Printed name and signature of supervisor/sponsor                                       |            |   |  | 18. Date                                      |

## SECTION II – Industrial Hygiene Evaluation *(Completed by the supporting Industrial Hygiene Office)*

|  |  |
|--|--|
| 1. Assessment of exposure potential:                               |  |
| 2. Recommended protection:   |  |
| <input type="checkbox"/> Powered Air Purifying (PAPR)              | <input type="checkbox"/> Military Mask                         |
| <input type="checkbox"/> Self-Contained Breathing Apparatus (SCBA) | <input type="checkbox"/> Half-Face Air Purifying               |
| <input type="checkbox"/> Emergency Breathing Apparatus             | <input type="checkbox"/> Full-Face Air Purifying               |
| <input type="checkbox"/> Supplied Air                              |  |
| 3. Comments:   | 4. Respirator considered voluntary use?<br>Yes              No |
| 5. Type of cartridge needed:                                       |  |
| 6. Recommended cartridge change-out schedule:                      |  |
| 7. Printed name and signature of Industrial Hygienist:             |  |
| 8. Date  |  |

**SECTION III – Medical Information** (Completed by Occupational Health)

## 1. Restrictions (Check all that apply)

☐ No restriction on respirator use      ☐ No respirator use is permitted      ☐ Optical inserts required☐ Restriction – power air purifying respirator required (PAPR)☐ Specific respirator use restrictions, as follows: \_\_\_\_\_

## 2. Other comments:

## 3. Printed name and signature of Physician

## 4. Date

**SECTION IV – User Authentication** (Completed by User)

Training Date: \_\_\_\_\_

*I am aware that in addition to having received training and a respirator fit test by a competent individual, I must positively and negatively fit check my respirator prior to each use; report an improper fit, damage, or respirator defect to my supervisor/sponsor; and request a new fit test if there is any change in my facial configuration (e.g., weight loss/gain, surgery, etc.).*

User's signature \_\_\_\_\_

Date \_\_\_\_\_

**Data Required by the Privacy Act of 1974 (5 U.S.C. 552a)****Authority:** Title 29 Code of Federal Regulations, Part 1960.66(c) and Executive Order 12196**Prescribing Directives:** Title 29 Code of Federal Regulations, Part 1910.134, AR 11-34, and APGR 385-4**Principal Purpose:** Record and track mask and respirator users on APG to ensure accuracy and avoid duplication of records.**Routine Uses:** Used by safety and occupational health personnel to record respirator and mask users. The social security number (SSN) is used to identify the individual to prevent possible duplication of respirator records, substantiation of medical clearance for equipment use, and correlate exposure data.**Disclosure and Effect on Individual Not Providing This Information:** Disclosure is voluntary. However, since proper maintenance of medical records and statistical data is essential to successful compliance with these mandates, failure to provide the SSN may result in denial of respiratory protective equipment or result in it being obtained from other sources so as to ensure that all data being provided are accurately recorded and filed.